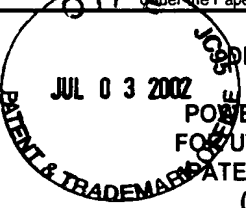


Please type a plus sign (+) inside this box ☐

PTO/SB/01 (10-00)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<div style="text-align: center;">  <p>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</p> <p><input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)</p> </div>	Attorney Docket Number	ORT-1581
	First Named Inventor	Carlos R. Plata-Salaman et al.
	COMPLETE IF KNOWN	
	Application Number	10/081,606
	Filing Date	February 21, 2002
	Group Art Unit	
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CARBAMATE COMPOUNDS FOR USE IN PREVENTING OR TREATING BIPOLAR DISORDER
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on February 21, 2002 as United States Application Number or PCT International Application Number 10/081,606 and was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

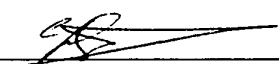
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

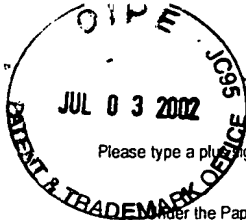
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application		
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Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/271,680	February 27, 2001	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
Application Serial No.	Filing Date	Status
		Patented Patented Patented
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number 000027777 →		Place Customer Number Bar Code Label Here
AND		
<input type="checkbox"/> Practitioner(s) named below: <u>Name</u>		<u>Registration Number</u>
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to Ellen Ciambone Coletti at telephone number (732) 524-2359.		
Direct all correspondence to: Customer Number <input checked="" type="checkbox"/> or Bar Code Label 000027777 OR <input type="checkbox"/> Correspondence address below		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF <u>FIRST</u> INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Carlos R.		Family Name or Surname Plata-Salaman	
Inventor's Signature <i>Carlos R. Plata-Salaman</i>		Date 26 April 2002	
Residence: City Ambler	State PA	Country USA	Citizenship USA
Mailing Address 1313 Squire Drive			
City Ambler	State PA	ZIP 19002	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF <u>SECOND</u> INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Boyu		Family Name or Surname Zhao	
Inventor's Signature <i>Boyu Zhao</i>		Date April 26th 2002	
Residence: City Lansdale	State PA	Country USA	Citizenship USA
Mailing Address 105 Weymouth Circle			
City Lansdale	State PA	ZIP 19446	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF <u>THIRD</u> INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Roy E.		Family Name or Surname Twyman	
Inventor's Signature <i>Roy E. Twyman</i>		Date Apr 23, 2002	
Residence: City Doylestown	State PA	Country USA	Citizenship USA
Mailing Address 3355 Byron Drive			
City Doylestown	State PA	ZIP 18901	Country USA

NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Yong Moon		Family Name or Surname Choi	
Inventor's Signature 		Date 05/17/2002	
Residence: City Towaco	State NJ	Country USA	Citizenship USA
Mailing Address 2 Van Duyne Court			
City Towaco	State NJ	ZIP 07082	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Robert		Family Name or Surname Gordon	
Inventor's Signature		Date	
Residence: City Robbinsville	State NJ	Country USA	Citizenship USA
Mailing Address 2 Hobbs Court			
City Robbinsville	State NJ	ZIP 08691	Country USA



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	First Named Inventor	Carlos R. Plata-Salaman et al.	
	COMPLETE IF KNOWN		
	Application Number	10/081,606	
	Filing Date	February 21, 2002	
	Group Art Unit		
	Examiner Name		

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(Title of the Invention)

the specification of which

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
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Application Serial No.	Filing Date	Status
		Patented Patented Patented
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number 000027777		Place Customer Number Bar Code Label Here
AND		
<input type="checkbox"/> Practitioner(s) named below: <u>Name</u>		<u>Registration Number</u>
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
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Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 000027777 OR <input type="checkbox"/> Correspondence address below		
Name:		
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Address:		
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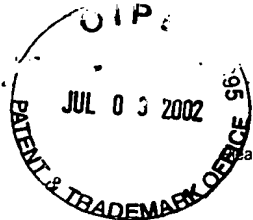
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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Carlos R.		Family Name or Surname Plata-Salaman	
Inventor's Signature		Date	
Residence: City Ambler	State PA	Country USA	Citizenship USA
Mailing Address 1313 Squire Drive			
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Boyu		Family Name or Surname Zhao	
Inventor's Signature		Date	
Residence: City Lansdale	State PA	Country USA	Citizenship USA
Mailing Address 106 Weymouth Circle			
City Lansdale	State PA	ZIP 19446	Country USA
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NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Robert		Family Name or Surname Gordon	
Inventor's Signature <i>Robert Gordon</i>		Date <i>May 17, 2002</i>	
Residence: City Robbinsville	State NJ	Country USA	Citizenship USA
Mailing Address 2 Hobbs Court			
City Robbinsville	State NJ	ZIP 08691	Country USA



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	First Named Inventor	Carlos R. Plata-Salaman et al.
	COMPLETE IF KNOWN	
	Application Number	10/081,606
	Filing Date	February 21, 2002
	Group Art Unit	
	Examiner Name	

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Application Serial No.	Filing Date	Status
		Patented Patented Patented
I hereby appoint: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> Practitioners at Customer Number 000027777 → AND <input type="checkbox"/> Practitioner(s) named below: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <u>Name</u> <u>Registration Number</u> </div> </div> <div style="width: 35%; text-align: center; vertical-align: top;"> Place Customer Number Bar Code Label Here </div> </div>		
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Direct all correspondence to: <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <input checked="" type="checkbox"/> Customer Number 000027777 OR <input type="checkbox"/> Correspondence address below </div>		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Carlos R.		Family Name or Surname Plata-Salaman	
Inventor's Signature		Date	
Residence: City Ambler	State PA	Country USA	Citizenship USA
Mailing Address 1313 Squire Drive			
City Ambler	State PA	ZIP 19002	Country USA
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Boyu		Family Name or Surname Zhao	
Inventor's Signature		Date	
Residence: City Lansdale	State PA	Country USA	Citizenship USA
Mailing Address 106 Weymouth Circle			
City Lansdale	State PA	ZIP 19446	Country USA
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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Roy E.		Family Name or Surname Twyman	
Inventor's Signature		Date	
Residence: City Doylestown	State PA	Country USA	Citizenship USA
Mailing Address 3355 Byron Drive			
City Doylestown	State PA	ZIP 18901	Country USA

NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Yong Moon		Family Name or Surname Choi	
Inventor's Signature		Date	
Residence: City Towaco	State NJ	Country USA	Citizenship USA
Mailing Address 2 Van Duyne Court			
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